

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 140  
Registered No. 129

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3014 Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Carbojal { If child is not yet named, make supplemental report, as directed.

3. Sex of child Male { To be answered ONLY In event of plural births. } 4. Twin, triplet or other no 5. Legitimate? yes 7. Date of birth May 19-1932  
Month Day Year

8. FATHER Full name Manuel Carbojal 14. MOTHER Full maiden name Eufemia Esparza

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 32 (Years) 16. Color or race Mex. 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Durango 18. Birthplace (city or place) Chihuahua City  
(State or country) Mex. (State or country) Mex.

13. Occupation Nature of Industry mining 19. Occupation Nature of Industry Housewife

20. Number of children of this mother 4 { (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 5-4 m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown M.D. (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed June 4, 1932 Registrar B. G. Brown

733-519-551

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.